

## EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW (EPCRA)/TOXIC RELEASE INVENTORY COMPLIANCE ASSISTANCE EVALUATION SURVEY

Your comments are important in helping our office evaluate our compliance assistance efforts regarding reporting requirements of EPCRA. Please answer the following questions by using the following rating system:

1=very useful/effective    3=somewhat useful/effective    6=not useful/effective

1. Did the recent EPCRA/TRI Workshop help you determine if your facility is subject to reporting requirements of EPCRA?    1    2    3    4    5    6

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Did the recent EPCRA/TRI Workshop help you improve the way you manage records and determine emission estimates and off-site transfers of toxic substances when completing Form R?    1    2    3    4    5    6

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Did the recent EPCRA/TRI Workshop provide an opportunity for useful information exchange?    1    2    3    4    5    6

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Have you used the information received from the workshop to prevent or reduce the use of toxic chemicals?    1    2    3    4    5    6

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. What level is your background regarding the completion of Form Rs under the EPCRA reporting requirements?    1\_\_\_\_very experienced    2\_\_\_\_somewhat experienced  
3\_\_\_\_first time

(OVER)

6. What is your facility's background regarding Form R reporting under EPCRA?

1\_\_\_\_first time submitter under SIC code expansion    2\_\_\_\_first time submitter

under established SIC codes 2000-3999        3\_\_\_\_have submitted in previous years

7. In what areas, if any, would you like further training?

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8. Comments regarding EPA's compliance assistance/customer service efforts in working industry to meet EPCRA reporting requirements in general.

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(OPTIONAL)

Standard Industrial Code(SIC) code:

Name:

Company:

Address:

Phone: